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Dyslipidaemia in Africa— comment on a recent systematic review



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The publication of the systematic review by Jean Jacques Noubiap and colleagues¹ in *The Lancet Global Health* highlights two important issues. The first issue is the trend to systematically review data according to well established formula, but in the absence of a thorough understanding of the field and expertise. Many systematic reviews are produced by professional reviewers with little topic-specific knowledge. In Noubiap and colleagues¹ systematic review, data are presented including three studies from Uganda; however, these three articles cover the same study, although the focus of each article was different.

The second issue is the desire to summarise Africa. Currently, the UN recognises 54 countries on what is the second largest (and arguably the most diverse) continent in the world, both in terms of land area and population. With such wide heterogeneity of results across the studies included in Noubiap and colleagues¹ review, a summary estimate should not have been calculated. There is little value in saying that the prevalence of low HDL in Africa is 41%, when the range is from 2% to 96% (the lowest and highest prevalence estimates were from studies conducted in the same country). Systematic reviews can be valuable, but they can also be misleading.

I declare no competing interests.

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1 Noubiap JJ, Bigna JJ, Nansseu JR, et al. Prevalence of dyslipidaemia among adults in Africa: a systematic review and meta-analysis. *Lancet Glob Health* 2018; 6: e998–1007